

STATE MEDICARE BUY-IN PROBLEM REPORT*(Please complete form with blue ink only)*

Please check the two-digit MEDS Medicare status line **before** submitting a State Medicare Buy-in Problem Report. The first digit is a code that indicates the status of Medicare Part A coverage. The second digit is a code which indicates the status of Medicare Part B coverage. The codes and their definitions are as follows:

0 or blank = No coverage	3 = Free	6 = BI reject, presumed eligible	9 = Alien
1 = Paid by beneficiary	4 = Paid by other entity	7 = Presumed eligible	
2 = Paid by State	5 = BI reject, Bendex eligible	8 = BI reject, not presumed eligible	

Note: The State Medicare Buy-in Problem Report is available on the Electronic Mail Communication Center (EMC2 or E-Mail) and may be submitted electronically.

A. COUNTY REPRESENTATIVE INFORMATION				B. BENEFICIARY INFORMATION		
Name			County district		Name (first, middle, last)	
County mailing address			E/W number		Social security number	
City			State		ZIP code	
Telephone number ()			Date submitted		Date of birth (month/day/year)	
			Response requested <input type="checkbox"/> Yes <input type="checkbox"/> No		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
			Special program <input type="checkbox"/> Medi-Cal <input type="checkbox"/> QMB <input type="checkbox"/> SLMB <input type="checkbox"/> Other _____			

C. PROGRAM ELIGIBILITY/CASE IDENTIFICATION

County	Aid	7-Digit Serial Number	FBU	Person Number	Eligibility Date	Approval Date

Remarks—Explain Buy-In problem ☐ Attachments

D. STATE USE ONLY

- ☐ Medicare claim number (HIC) is incorrect. The correct HIC number is: _____
- ☐ Accretion confirmed ☐ Part A ☐ Part B Effective date: _____
- ☐ Deletion confirmed ☐ Part A ☐ Part B Effective date: _____
- ☐ Closed period confirmed ☐ Part A ☐ Part B Effective date: _____ through _____
- ☐ Part A ☐ Part B Benefits terminated effective _____
- ☐ Medi-Cal card corrected to remove Medicare indicator 1, 2, 3.
- ☐ Accretion not possible due to: _____
- ☐ Medi-Cal ☐ QMB ☐ SLMB ☐ _____ eligibility on MEDS not being reported currently.
- ☐ QMB beneficiary is not currently enrolled for Part A benefits. Have beneficiary go to SSA and apply during general/open enrollment period (January through March; effective in July).
- ☐ Medi-Cal and/or QMB beneficiary is not currently enrolled for Part B benefits. Have beneficiary go to SSA and apply.
- ☐ Part A benefits terminated effective: _____. ☐ Part B benefits terminated effective: _____.
- ☐ Out-of-state Buy-In status reflecting out-of-state code. Please update MEDS to show current effective date for Medi-Cal. (Last—MC/CP change)
- ☐ Aid code _____ requires two-month Medi-Cal eligibility before the state Buy-In coverage will begin.
- ☐ Beneficiaries with Aid code _____ are not eligible for Buy-In.
- ☐ Please allow 120 days for processing.

Remarks

Medicare Premium Payment representative	Telephone number ()	Date
---	------------------------------	------

INSTRUCTIONS FOR COMPLETION OF DHS 6166

The State of California, under Section 10850 of the Welfare and Institutions Code, requests this information in order to resolve complaints and problems received regarding the state payment of Medicare premiums. Completion of the form is voluntary and the consequences for not providing the information will result in unresolved problems and, potentially, no state payment of premiums. The information will be provided to the State Department of Health Services, Premium Payment Unit.

A. COUNTY REPRESENTATIVE IDENTIFICATION

- Eligibility worker's name
- Complete mailing address (*response will not be returned without this information*)
- Area code and telephone number
- County district number
- Eligibility worker number
- Date submitted
- Check to indicate whether a state response is requested for this complaint

B. BENEFICIARY IDENTIFICATION

- Complete name, include any AKAs
- Social security number
- Medicare/Railroad Health Insurance Claim (HIC) number
- Date of birth using mm/dd/yy format
- Sex
- Check appropriate special program

C. PROGRAM ELIGIBILITY/CASE IDENTIFICATION

- County code
- Aid code
- Seven-digit serial number
- FBU
- Medi-Cal person number
- Eligibility date (for Medi-Cal including retroactive months of entitlement)
- Approval date (for Buy-In, determination can be no earlier than month of application and may be later).
For example:

1. Applied for Medi-Cal	April 1993
2. Approval date	May 1993
3. Medi-Cal effective date	January 1993
4. Buy-In effective date	July 1993
- Remarks—provide an explanation of the Buy-In problem.
- Check if any documents are attached.

D. STATE USE ONLY

Medicare Premium Payment's response, if requested in Section A, above.

Mail to: California Department of Health Services
Medicare Operations Unit
MS 4719
P.O. Box 997422
Sacramento, CA 95899-7422